

2. Paragraph C. Who Is An Insured in Section II – Liability is replaced by the following:

1. Each of the following is an insured under this endorsement to the extent set forth below:
 - a. You;
 - b. Any other person using a "hired auto" with your permission;
 - c. For a "non-owned auto":
 - (1) Any partner or "executive officer" of yours; or
 - (2) Any "employee" of yours; but only while such "non-owned auto" is being used in your business; and
 - d. Any other person or organization, but only for their liability because of acts or omissions of an insured under **a.**, **b.** or **c.** above.
2. None of the following is an insured:
 - a. Any person engaged in the business of his or her employer for "bodily injury" to any co-"employee" of such person injured in the course of employment, or to the spouse, child, parent, brother or sister of that co-"employee" as a consequence of such "bodily injury", or for any obligation to share damages with or repay someone else who must pay damages because of the injury;
 - b. Any partner or "executive officer" for any "auto" owned by such partner or officer or a member of his or her household;

- c. Any person while employed in or otherwise engaged in duties in connection with an "auto business", other than an "auto business" you operate;
- d. The owner or lessee (of whom you are a sublessee) of a "hired auto" or the owner of a "non-owned auto" or any agent or "employee" of any such owner or lessee; or
- e. Any person or organization for the conduct of any current or past partnership or joint venture that is not shown as a Named Insured in the Declarations.

C. For the purposes of this endorsement only, Paragraph H. Other Insurance in Section III – Common Policy Conditions is replaced by the following:

This insurance is excess over any primary insurance covering the "hired auto" or "non-owned auto".

D. The following additional definitions apply:

1. "Auto business" means the business or occupation of selling, repairing, servicing, storing or parking "autos".
2. "Hired auto" means any "auto" you lease, hire, rent or borrow. This does not include any "auto" you lease, hire, rent or borrow from any of your "employees", your partners or your "executive officers" or members of their households.
3. "Non-owned auto" means any "auto" you do not own, lease, hire, rent or borrow which is used in connection with your business. This includes "autos" owned by your "employees", your partners or your "executive officers", or members of their households, but only while used in your business or your personal affairs.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

The following provisions are added to the Businessowners Policy and apply to Property and Liability Coverages:

A. CAP ON CERTIFIED TERRORISM LOSSES

"Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in accordance with the provisions of the federal Terrorism Risk Insurance Act, to be an act of terrorism pursuant to such Act. The criteria contained in the Terrorism Risk Insurance Act for a "certified act of terrorism" include the following:

1. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and

2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

B. The terms and limitations of any terrorism exclusion, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for loss or injury or damage that is otherwise excluded under this Policy.



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Date 08/11/2022

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Notice

Policy Number 19001699759

Alfa Insurance®
P.O. BOX 11000
MONTGOMERY, AL 36191-0001



AMENDATORY POLICY PROVISIONS

Please read this carefully and keep for your records.

1. The MUTUAL CONDITIONS provisions in the Businessowner Policy issued through Alfa Mutual Insurance Company in the State of Alabama is being deleted and replaced with the following MEMBERSHIP provision:

MEMBERSHIP

While this policy is in force, the insured name in the Declarations is a member of the insurer issuing this policy with all rights and obligations of such membership, including the right to receive any dividends declared by its Board of Directors payable on this policy or policies of like kind and classification as this policy. The annual meeting of members of the insurer shall be held at its executive offices in Montgomery, Alabama, on the fourth Thursday of April in each year at 11:00 a.m., unless changed at the preceding annual meeting of members or by the Board of Directors and notice given. If a member has authorized the Board of Directors to vote as their proxy at said meeting and wishes to revoke such proxy, such member may do so by written notice to the Secretary, by registered mail to 2108 East South Boulevard, Montgomery, Alabama 36116 at least 20 days prior to said meeting.

This is a non-assessable policy.

IN WITNESS WHEREOF, this policy is signed by the President issuing this policy.

A handwritten signature in cursive script, appearing to read "T. S. Parnell".

President

2. If "you" have a Church Policy issued through Alfa Mutual Insurance Company or Alfa Insurance Corporation, in the State of Alabama or the State of Georgia, the IN WITNESS THEREOF provision of "your" policy is being deleted and replaced with:

IN WITNESS WHEREOF, this policy is signed by the President issuing this policy.

A handwritten signature in cursive script, appearing to read "T. S. Parnell".

President

The following applies to policies issued through Alfa Insurance Corporation in the State of Mississippi:

3. If "you" have a Church Policy issued through Alfa Insurance Corporation, in the State of Mississippi, the IN WITNESS WHEREOF provision of "your" policy is being deleted and being replaced with:

IN WITNESS WHEREOF, this policy is signed by the President issuing this policy, but the same will not be binding upon "us" unless the declaration made a part of this policy, signed by the President of the Company issuing the policy.

A handwritten signature in cursive script, appearing to read "T. S. Parnell".

President

KINGDOM BUILDERS COVENANT CHURCH INC
1151 FLAT SHOALS RD SE
CONYERS, GA 30013-1709

OUTGROWING your insurance coverage?

**Schedule a
policy review
today.**

Reasons to Review:

Rising Repair Costs • Family Changes
Major Purchases • Home Renovations



Date: 08/12/2022

Page 1 of 1

**Church Policy****Policy Number: 19001699759****Policy Effective Dates: 08/11/2022 - 08/11/2023****Alfa Insurance®**P.O. BOX 11000
MONTGOMERY, AL 36191-0001**Your Hometown Alfa® Agent**Wallace Herring
871 LEE RD STE A
MACON, GA 31204
478-746-1015
WHerring@alfains.comKINGDOM BUILDERS COVENANT CHURCH INC
1151 FLAT SHOALS RD SE
CONYERS, GA 30013-1709**NOTICE OF POLICY CHANGE**

Since 1946, our customers have trusted us to protect what they value most, and we're excited you are part of the Alfa family. Thank you for being a loyal Alfa customer.

A change has been processed on your policy. Enclosed is your amended Declarations page, which includes your coverage information and any added or revised schedules or endorsements.

The following is a list of changes to your policy effective 08/12/2022:

- Add Businessowners Line:Certificate Holder
NATIONAL COVENANT PROPERTIES
- Change Water Back-Up and Sump Overflow

Should you have any questions about your policy, please contact your Alfa agent.

THIS IS NOT A BILL.**How To Reach Us:****In Person:** Any Alfa Office**Toll-Free:** 1-800-964-2532**Online:** www.alfainsurance.com

For information about your policy, to file a claim or make a payment, choose one of the convenient methods above.

Inside This Packet:

- State of Georgia Information and Privacy Policy
- Declarations
- Forms, endorsements and exclusions making up your policy



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Date: 08/12/2022

Page 1 of 1

Alfa Insurance®P.O. BOX 11000
MONTGOMERY, AL 36191-0001

State of Georgia Information and Privacy Policy

Not Part of the Insurance Policy

This notice applies to insurance transactions involving insurance primarily for personal, family or household needs rather than business or professional needs.

WE THINK YOU SHOULD KNOW...

You may request information pertaining to the specific items of personal information which were the basis of the underwriting decision regarding:

- ... **declination of insurance coverage**
- ... **termination of your insurance coverage**
- ... **an increase in your insurance premium**

You also have the right to know the names and addresses of any institutional sources that supplied this information. If you have not already been advised of this information, you may make a written request for it. Here is the procedure:

1. After you submit a written request for access to recorded personal information which is reasonably locatable and retrievable, within 30 days we will:
 - a. Inform you of the nature and substance of the recorded personal information in writing, by telephone or by other oral communication.
 - b. permit you to see and copy, in person, the recorded personal information which applies to you, or provide you with copies of this information by mail, whichever you prefer.
 - c. inform you of the persons, if recorded, to which the personal information has been disclosed within two years of your request.
If the identities have not been recorded, we will provide you with the names of those insurance institutions, agents, insurance-support organizations or other persons to whom such information is normally disclosed.
 - d. provide you with a summary of the procedures by which you may request correction, amendment or deletion of recorded personal information.
2. Medical-record information provided by a medical-care institution or a medical professional will be supplied, along with the source of information, to you or you will be notified that it has been disclosed to a medical professional you've designated and who is licensed for the conditions to which the information applies.
3. We may charge you a reasonable fee to cover the costs incurred in providing you with a copy of recorded personal information. If the information applies to reasons for an adverse underwriting decision, there will be no charge.
4. In some circumstances, our obligations to you regarding access to recorded personal information may be satisfied by referring you to an insurance-support organization.
5. Access to recorded personal information may be denied to the extent that the information is collected in connection with or in reasonable anticipation of a claim or civil or criminal proceeding.

6. Information obtained from a report prepared by an insurance-support organization may be retained by the insurance-support organization and disclosed to other persons.

Finally, we want you to know you have the following rights in regard to the correction, amendment or deletion of recorded personal information:

1. Within 30 days of receiving your written request to correct, amend or delete any recorded personal information we have, we will:
 - a. correct, amend or delete the portion of the recorded personal information in dispute; or
 - b. notify you of our refusal to make the correction, amendment or deletion, the reasons for the refusal and your right to file a protest statement.
2. If the recorded personal information is corrected, amended or deleted, you will be notified in writing and this information will be furnished to:
 - a. any person you've designated who may have, within the preceding two years, received such recorded personal information.
 - b. any insurance-support organization whose primary source of personal information is insurance institutions, if it has systematically received recorded personal information about you from us within the preceding seven years, unless this information is no longer maintained.
 - c. any insurance-support organization that furnished the personal information that has been corrected, amended or deleted.
3. If you disagree with a refusal to correct, amend or delete recorded personal information, you may file a:
 - a. concise statement setting forth what you think is the correct, relevant or fair information, and
 - b. concise statement of the reasons why you disagree with the refusal to correct, amend or delete recorded personal information.
4. If you file either of the statements described above, we will:
 - a. file the statement with the disputed personal information and provide a means by which anyone reviewing the disputed personal information will be made aware of the statement and have access to it.
 - b. in any subsequent disclosure of the recorded personal information that is the subject of disagreement, clearly identify the information in dispute and provide the statements that have been filed.
 - c. furnish the statement to any of the three categories of persons and organizations covered in the preceding paragraph 2.

**ALFA INSURANCE CORPORATION
ALFA GENERAL INSURANCE CORPORATION
ALFA LIFE INSURANCE CORPORATION**



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Date: 08/12/2022

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Declarations

Church Policy

Policy Number: 19001699759

Alfa Insurance®P.O. BOX 11000
MONTGOMERY, AL 36191-0001**Your Hometown Alfa® Agent**Wallace Herring
871 LEE RD STE A
MACON, GA 31204
478-746-1015
WHerring@alfains.com**Named Insured(s):** KINGDOM BUILDERS COVENANT
CHURCH INC**Customer Number:** 00919656
Entity: CHURCH**Mailing Address:** 1151 FLAT SHOALS RD SE
CONYERS, GA 30013-1709**Insurer:** Alfa Insurance Corporation**Policy Number:** 19001699759**Total Property Premium:** \$11,484.00**Declarations Type:** Policy Change**Advanced Liability Premium:** \$331.00

Effective 08/12/22

Total Policy Premium: \$11,815.00**Policy Effective Date:** August 11, 2022**Policy Expiration Date:** August 11, 2023

This policy term is effective and will expire 12:01 a.m. Standard Time on the dates shown above and will be effective for this and subsequent policy terms if the required current and renewal premium is paid by you, or on your behalf and if payment is accepted by us.

Section I - Property Coverages

Location 1: 1151 FLAT SHOALS RD SE, CONYERS, GA 30013-1709

Location 1 Property Deductible(s)

Deductible: \$10,000**Windstorm Or Hail Percentage Deductible:** n/a

If your policy contains endorsements, other deductibles may display on the Endorsement or in the Endorsements section.

Location 1 Coverages

Building Number	Building Description	Classification Code
1	Sanctuary	41650
Building Limit:	\$2,950,000	Building Valuation: Replacement Cost
Building Limit - Automatic Increase:	4%	
Building Personal Property Limit:	\$443,000	

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Date: 08/12/2022

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Declarations

Church Policy
Policy Number: 19001699759

Building Number	Building Description	Classification Code
2	Gym	41650
Building Limit:	\$1,333,000	Building Valuation: Replacement Cost
Building Limit - Automatic Increase:	4%	
Building Personal Property Limit:	\$200,000	

Location 1 Optional Coverages	Limit	Premium
Business Personal Property Temporarily In Portable Storage Units:	\$20,000	Included
Electronic Data:	\$10,000	Included
Equipment Breakdown:		\$1,259.00
Optional Deductible: \$500		
Optional Time Deductible - Hours: 72		
Forgery Or Alteration:	\$2,500	Included
Money And Securities		
On Premises:	\$10,000	\$123.00
Off Premises:	\$10,000	Included
Fire Department Service Charge:	\$2,500	Included
Outdoor Property:	\$5,000	Included
Outdoor Signs:	\$5,000	\$165.00
Personal Effects Of Clergy:	\$5,000	\$30.00
Theft of Jewelry, Furs, Etc:	\$5,000	Included
Valuable Papers And Records:	\$20,000	Included

Property Optional Coverages	Limit	Premium
Employee Dishonesty:	\$10,000	\$20.00

Property Included Coverages	Limit
Business Income:	Actual Loss Sustained For 12 Months
Extra Expense:	12 Consecutive Months After The Date Of Direct Physical Loss Or Damage
Pollutant Clean-up And Removal:	\$10,000
Money Orders And "Counterfeit Money":	\$1,000
Increased Cost Of Construction:	\$10,000
Fire Extinguisher Systems Recharge Expense:	\$5,000
Interruption Of Computer Operations:	\$10,000
Limited Coverage For "Fungi", Wet Rot Or Dry Rot:	\$15,000

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Date: 08/12/2022

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Declarations

Church Policy
Policy Number: 19001699759

Section II - Liability Coverages

Business Liability	Limit
Each Occurrence Limit:	\$1,000,000
Personal And Advertising Injury Limit:	\$1,000,000
General Aggregate Limit:	\$2,000,000
Products/Completed Operations Aggregate Limit:	\$2,000,000
Medical Expenses - Per Person Limit:	\$10,000
Damage To Premises Rented To You:	\$50,000

If your policy contains endorsements, other deductibles may display in the Endorsements section.

Liability Schedule

Classification Code	Liability Exposure	Liability Exposure Base
41650	15,000	Square Footage
41650	17,000	Square Footage

Discounts

Individual Risk Premium Modification

Endorsements

Premium

*For the Endorsements below, refer to the Policy Endorsement for Policy Language.
Premiums displayed in this section may be reflected in the Total Policy Premium.***BP 04 53 07 13 Water Back-Up and Sump Overflow** **\$48.00****SCHEDULE**

Premises Number: 1

Premises Address: 1151 FLAT SHOALS RD SE, CONYERS, GA 30013-1709

Covered Property Annual Aggregate Limit Of Insurance: \$5,000

Business Income And Extra Expense Annual Aggregate Limit Of Insurance: \$5,000

BP 05 15 01 15 Disclosure Pursuant to Terrorism Risk Insurance Act **Included****SCHEDULE - Part I**

Terrorism Premium (Certified Acts): Included

Additional Information, If Any, Concerning The Terrorism Premium:

SCHEDULE - Part II

Federal Share Of Terrorism Losses: 80% Year: 2,022

Federal Share Of Terrorism Losses: 80% Year: 2,023

SCH 213 01 18 Directors officers and Trustee Endorsement **\$49.00****See Endorsement for Details**

Continued on next page

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Declarations

Church Policy

Policy Number: 19001699759

Endorsements**Premium**

*For the Endorsements below, refer to the Policy Endorsement for Policy Language.
Premiums displayed in this section may be reflected in the Total Policy Premium.*

BP 04 04 01 10 Hired Auto and Non-Owned Auto Liability See Endorsement for Details	\$164.00
SCH 218 01 18 Sexual Misconduct Endorsement See Endorsement for Details	\$82.00
BP 05 23 01 15 Cap on Losses from Certified Acts of Terrorism	Included
BP 01 76 02 15 Georgia Changes	Included
BP 04 17 01 10 Employment - Related Practices Exclusion	Included
BP 05 77 01 06 Fungi or Bacteria Exclusion (Liability)	Included
BP 14 86 07 13 Communicable Disease Exclusion	Included
BPC 60 00 01 18 Exclusion - Lead and Asbestos	Included
BP 10 59 07 02 Georgia Exterior Paint and Waterproofing Exclusion	Included
SCH 200 01 18 Revision Business Owners Church Form	Included
BP 01 99 10 13 Georgia Changes - Loss Payment	Included
BP 05 17 01 06 Exclusion - Silica or Silica-Related Dust	Included
BP 10 05 07 02 Exclusion - Year 2000 Computer-Related and Other Electronic Problems	Included
BP 15 04 05 14 Exclusion - Access or Disclosure of Confidential or Personal Information and Data-Related Liability - with Limited Bodily Injury Exception	Included

Forms Schedule

AU610	State of Georgia Information and Privacy Policy
ALLPN1	Alfa's Privacy Notice
BOPDEC	BusinessOwner Declaration
Acord 25	Certificate of Liability
BP IN 01 07 13	Businessowners Coverage Form Index

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Date: 08/12/2022

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Declarations

Church Policy
Policy Number: 19001699759**Forms Schedule**

BP 00 03 07 13	Businessowners Coverage Form
BP 05 15 01 15	Disclosure Pursuant to Terrorism Risk Insurance Act
BP 05 23 01 15	Cap on Losses from Certified Acts of Terrorism
BP 01 76 02 15	Georgia Changes
BP 04 53 07 13	Water Back-Up and Sump Overflow
SCH 213 01 18	Directors officers and Trustee Endorsement
BP 04 04 01 10	Hired Auto and Non-Owned Auto Liability
BP 04 17 01 10	Employment - Related Practices Exclusion
BP 05 77 01 06	Fungi or Bacteria Exclusion (Liability)
BP 14 86 07 13	Communicable Disease Exclusion
BPC 60 00 01 18	Exclusion - Lead and Asbestos
BP 10 59 07 02	Georgia Exterior Paint and Waterproofing Exclusion
SCH 200 01 18	Revision Business Owners Church Form
SCH 218 01 18	Sexual Misconduct Endorsement
BP 01 99 10 13	Georgia Changes - Loss Payment
BP 05 17 01 06	Exclusion - Silica or Silica-Related Dust
BP 10 05 07 02	Exclusion - Year 2000 Computer-Related and Other Electronic Problems
BP 15 04 05 14	Exclusion - Access or Disclosure of Confidential or Personal Information and Data-Related Liability - with Limited Bodily Injury Exception
ALMP1GW 11 17	Amendatory Policy Provisions

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

GEORGIA CHANGES

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

A. Section I – Property is amended as follows:

1. The following explanation is added with respect to application of the Exclusion of "Fungi", Wet Rot Or Dry Rot and the Limited Coverage of the same title:

With respect to the portion of Covered Property that would still have required repair or replacement had there been no "fungi", wet rot or dry rot, Paragraphs B.1.I. Exclusions and A.5.r. Limited Coverage For "Fungi", Wet Rot And Dry Rot will not serve to limit the amount of recovery for such repair or replacement. However, the Exclusion and Limited Coverage shall continue to apply to:

a. The cost to treat, contain, remove or dispose of "fungi", wet rot or dry rot beyond that which is required to repair or replace Covered Property;

b. The cost of testing as described in the Limited Coverage; and

c. Any increase in loss under Business Income and/or Extra Expense forms resulting from a. or b. above.

Regardless of whether the Exclusion and Limited Coverage apply to a loss, the Limit of Insurance on Covered Property is not increased. The maximum recoverable, for the total of the cost to repair or replace Covered Property and any additional covered cost to treat, contain remove, dispose of or test for "fungi", wet rot or dry rot, is the applicable Limit of Insurance on the affected Covered Property.

2. The following is added to Paragraph B.2. Exclusions:

a. We will not pay for loss or damage arising out of any act committed:

(1) By or at the direction of any insured; and

(2) With the intent to cause a loss.

b. However, this exclusion will not apply to deny coverage to an innocent co-insured, provided the loss:

(1) Is otherwise covered under this Policy; and

(2) Arose out of an act of family violence by

an insured, against whom a family violence complaint is brought for such act.

c. If we pay a claim pursuant to Paragraph 1.b., our payment to the insured is limited to that insured's legal interest in the property less any payments we first made to a mortgageholder or other party with a legal secured interest in the property. In no event will we pay more than the Limit of Insurance.



B. Section III – Common Policy Conditions is amended as follows:

1. Paragraph A. Cancellation is amended as follows:

a. Paragraph 1. is replaced by the following:

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation stating a future date on which the policy is to be cancelled, subject to the following:

a. If only the interest of the first Named Insured is affected, the effective date of cancellation will be either the date we receive notice from the first Named Insured or the date specified in the notice, whichever is later. However, upon receiving a written notice of cancellation from the first Named Insured, we may waive the requirement that the notice state the future date of cancellation by confirming the date and time of cancellation in writing to the first Named Insured.

b. If by statute, regulation or contract this policy may not be cancelled unless notice is given to a governmental agency, mortgagee or other third party, we will mail or deliver at least 10 days' notice to the first Named Insured and the third party as soon as practicable after receiving the first Named Insured's request for cancellation.

Our notice will state the effective date of cancellation, which will be the later of the following:

- (1)** 10 days from the date of mailing or delivering our notice; or
- (2)** The effective date of cancellation stated in the first Named Insured's notice to us.

b. Paragraph 5. is replaced by the following:

5. Premium Refund

- a.** If this policy is cancelled, we will send the first Named Insured any premium refund due.
- b.** If we cancel, the refund will be pro rata, except as provided in **c.** below.

c. If the cancellation results from failure of the first Named Insured to pay, when due, any premium to us or any amount, when due, under a premium finance agreement, then the refund may be less than pro rata. Calculation of the return premium at less than pro rata represents a penalty charged on unearned premium.

d. If the first Named Insured cancels, the refund may be less than pro rata.

e. The cancellation will be effective even if we have not made or offered a refund.

c. The following is added to Paragraph **A.** and supersedes any other provisions to the contrary:

If we decide to:

- (1)** Cancel or nonrenew this policy; or
- (2)** Increase current policy premium by more than 15% (other than any increase due to change in risk, exposure or experience modification or resulting from an audit of auditable coverages); or
- (3)** Change any policy provision which would limit or restrict coverage;

then:

We will mail or deliver notice of our action (including the dollar amount of any increase in renewal premium of more than 15%) to the first Named Insured and lienholder, if any, at the last mailing address known to us. Except as applicable as described in Paragraph **d.** or **e.** below, we will mail or deliver notice at least:

- (1)** 10 days before the effective date of cancellation if this policy has been in effect less than 60 days or if we cancel for nonpayment of premium; or
- (2)** 45 days before the effective date of cancellation if this policy has been in effect 60 or more days and we cancel for a reason other than nonpayment of premium; or
- (3)** 45 days before the expiration date of this policy if we decide to nonrenew, increase the premium or limit or restrict coverage.

d. The following provisions apply to insurance covering residential real property only if the Named Insured is a natural person. With respect to such insurance, the following is added to Paragraph A. and supersedes any provisions to the contrary except as applicable as described in Paragraph e.:

(1) When this policy has been in effect for 60 days or less and is not a renewal with us, we may cancel for any reason by notifying the first Named Insured at least 10 days before the date cancellation takes effect.

(2) When this policy has been in effect for more than 60 days, or at any time if it is a renewal with us, we may cancel for one or more of the following reasons:

(a) Nonpayment of premium, whether payable to us or to our agent;

(b) Upon discovery of fraud, concealment of a material fact, or material misrepresentation made by insured under this policy in obtaining this policy, continuing this policy or presenting a claim under this policy;

(c) Upon the occurrence of a change in the risk which substantially increases any hazard insured against; or

(d) Upon the violation of any of the material terms or conditions of this policy by any person insured under this policy.

e. With respect to a policy that is written to permit an audit, the following is added to Paragraph A.:

If you fail to submit to or allow an audit for the current or most recently expired term, we may cancel this policy subject to the following:

(1) We will make two documented efforts to send you and your agent notification of potential cancellation. After the second notice has been sent, we have the right to cancel this policy by mailing or delivering a written notice of cancellation to the first Named Insured at least 10 days before the effective date of cancellation, but not within 20 days of the first documented effort.

(2) If we cancel this policy based on your failure to submit to or allow an audit, we will send the written notice of cancellation to the first Named Insured at the last known mailing address by certified mail or statutory overnight delivery with return receipt requested.

(a) 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or

(b) 45 days before the effective date of cancellation if we cancel for the reasons listed in **(b)**, **(c)** or **(d)** above.

e. With respect to a policy that is written to permit an audit, the following is added to Paragraph A.:

If you fail to submit to or allow an audit for the current or most recently expired term, we may cancel this policy subject to the following:

(1) We will make two documented efforts to send you and your agent notification of potential cancellation. After the second notice has been sent, we have the right to cancel this policy by mailing or delivering a written notice of cancellation to the first Named Insured at least 10 days before the effective date of cancellation, but not within 20 days of the first documented effort.

(2) If we cancel this policy based on your failure to submit to or allow an audit, we will send the written notice of cancellation to the first Named Insured at the last known mailing address by certified mail or statutory overnight delivery with return receipt requested.



POLICY NUMBER: 19001699759

BUSINESSOWNERS
BP 04 53 07 13**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****WATER BACK-UP AND SUMP OVERFLOW**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Premises Number	Covered Property Annual Aggregate Limit Of Insurance	Business Income And Extra Expense Annual Aggregate Limit Of Insurance
	\$	\$
	\$	\$
	\$	\$
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.		

A. We will pay for direct physical loss or damage to Covered Property, covered under Section I – Property, caused by or resulting from:

1. Water or waterborne material which backs up through or overflows or is otherwise discharged from a sewer or drain; or
2. Water or waterborne material which overflows or is otherwise discharged from a sump, sump pump or related equipment, even if the overflow or discharge results from mechanical breakdown of a sump pump or its related equipment.

However, with respect to Paragraph **A.2.**, we will not pay the cost of repairing or replacing a sump pump or its related equipment in the event of mechanical breakdown.

B. The coverage described in Paragraph **A.** of this endorsement does not apply to loss or damage resulting from:

1. An insured's failure to keep a sump pump or its related equipment in proper working condition;
2. An insured's failure to perform the routine maintenance or repair necessary to keep a sewer or drain free from obstructions; or
3. Sump pump failure which is caused by or results from failure of power, unless this policy is endorsed to cover power failure affecting the described premises.

C. The most we will pay for the coverage provided under this endorsement for all direct physical loss or damage to Covered Property is the Covered Property Annual Aggregate Limit of Insurance. That limit is \$5,000 per location, unless a different Covered Property Annual Aggregate Limit Of Insurance is indicated in the Schedule of this endorsement.

The applicable Covered Property Annual Aggregate Limit of Insurance is the most we will pay under this endorsement for the total of all direct physical loss or damage sustained in any one policy year, regardless of the number of occurrences that cause or result in loss or damage to Covered Property. If loss payment for the first such occurrence does not exhaust the applicable Limit of Insurance, then the balance of that limit is available for subsequent loss or damage sustained in, but not after, that policy year. With respect to an occurrence which begins in one policy year and continues or results in additional loss or damage in a subsequent policy year(s), all loss or damage is deemed to be sustained in the policy year in which the occurrence began.

E. With respect to the coverage provided under this endorsement, the **Water Exclusion in Section I – Property** is replaced by the following:

Water

1. Flood, surface water, waves (including tidal wave and tsunami), tides, tidal water, overflow of any body of water, or spray from any of these, all whether or not driven by wind (including storm surge);

2. Mudslide or mudflow;

3. Water under the ground surface pressing on, or flowing or seeping through;

a. Foundations, walls, floors or paved surfaces;

b. Basements, whether paved or not; or

c. Doors, windows or other openings; or

4. Waterborne material carried or otherwise moved by any of the water referred to in Paragraph **1.**, or **3.**, or material carried or otherwise moved by mudslide or mudflow.

This exclusion applies regardless of whether any of the above, in Paragraphs **1.** through **4.**, is caused by an act of nature or is otherwise caused. An example of a situation to which this exclusion applies is the situation where a dam, levee, seawall or other boundary or containment system fails in whole or in part, for any reason, to contain the water.

But if any of the above, in Paragraphs **1.** through **4.**, results in fire, explosion or sprinkler leakage, we will pay for the loss or damage caused by that fire, explosion or sprinkler leakage.

F. For the purposes of this endorsement, the term drain includes a roof drain and related fixtures.

D. The following provisions apply to **Section I – Property** and supersede any provisions to the contrary:

The most we will pay under:

1. Paragraph **A.5.f.** Business Income Additional Coverage for all loss of Business Income you sustain due to the necessary suspension of your "operations" caused by direct physical loss or damage to Covered Property as described in Paragraph **A.** of this endorsement; and

2. Paragraph **A.5.g.** Extra Expense Additional Coverage for all necessary Extra Expense you incur and that you would not have incurred if there had been no direct physical loss or damage to Covered Property as described in Paragraph **A.** of this endorsement;

is the Business Income And Extra Expense Annual Aggregate Limit of Insurance. That limit is \$5,000 per location, unless a different Business Income And Extra Expense Annual Aggregate Limit Of Insurance is shown in the Schedule.

The applicable Business Income And Extra Expense Annual Aggregate Limit of Insurance for the total of all loss of Business Income you sustain and Extra Expense you incur in any one policy year, regardless of the number of occurrences that cause or result in loss or damage to Covered Property as described in Paragraph **A.** of this endorsement. If loss payment during an earlier "period of restoration" in the policy year does not exhaust the applicable Limit of Insurance, then the balance of that limit is available for loss of Business Income you sustain or Extra Expense you incur during a subsequent "period of restoration" beginning in, but not after, that policy year. With respect to a "period of restoration" which begins in one policy year and continues in a subsequent policy year(s), all loss of Business Income you sustain or Extra Expense you incur is deemed to be sustained or incurred in the policy year in which the "period of restoration" began.



POLICY NUMBER: 19001699759

BUSINESSOWNERS
BP 01 99 10 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

GEORGIA CHANGES – LOSS PAYMENT

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

Paragraph **5.a. Loss Payment** in **Section I – Property** is replaced by the following:

a. In the event of loss or damage covered by this policy, at our option we will either:

- (1)** Repair, rebuild or replace the property with other property of like kind and quality, or pay the cost of such repair, rebuilding or replacement, as limited by paragraph **E.5.d.(1)(e)** of this Loss Payment Condition and any other applicable policy provision, such as the Limit of Insurance provision; or

- (2)** Take all or any part of the property at an agreed or appraised value.

With respect to Paragraph **a.(1)**, this policy covers only the cost of repair, rebuilding or replacement. Such cost does not include recovery of, and therefore this policy does not pay any compensation for, an actual or perceived reduction in the market value of any property. But if the property that has sustained loss or damage is subject to an endorsement which explicitly addresses market value, then that endorsement will apply to such property in accordance with its terms.

Date 08/12/2022

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Notice

Policy Number 19001699759

Alfa Insurance®
P.O. BOX 11000
MONTGOMERY, AL 36191-0001



AMENDATORY POLICY PROVISIONS

Please read this carefully and keep for your records.

1. The MUTUAL CONDITIONS provisions in the Businessowner Policy issued through Alfa Mutual Insurance Company in the State of Alabama is being deleted and replaced with the following MEMBERSHIP provision:

MEMBERSHIP

While this policy is in force, the insured name in the Declarations is a member of the insurer issuing this policy with all rights and obligations of such membership, including the right to receive any dividends declared by its Board of Directors payable on this policy or policies of like kind and classification as this policy. The annual meeting of members of the insurer shall be held at its executive offices in Montgomery, Alabama, on the fourth Thursday of April in each year at 11:00 a.m., unless changed at the preceding annual meeting of members or by the Board of Directors and notice given. If a member has authorized the Board of Directors to vote as their proxy at said meeting and wishes to revoke such proxy, such member may do so by written notice to the Secretary, by registered mail to 2108 East South Boulevard, Montgomery, Alabama 36116 at least 20 days prior to said meeting.

This is a non-assessable policy.

IN WITNESS WHEREOF, this policy is signed by the President issuing this policy.

President

2. If "you" have a Church Policy issued through Alfa Mutual Insurance Company or Alfa Insurance Corporation, in the State of Alabama or the State of Georgia, the IN WITNESS THEREOF provision of "your" policy is being deleted and replaced with:

IN WITNESS WHEREOF, this policy is signed by the President issuing this policy.

President

The following applies to policies issued through Alfa Insurance Corporation in the State of Mississippi:

3. If "you" have a Church Policy issued through Alfa Insurance Corporation, in the State of Mississippi, the IN WITNESS WHEREOF provision of "your" policy is being deleted and being replaced with:

IN WITNESS WHEREOF, this policy is signed by the President issuing this policy, but the same will not be binding upon "us" unless the declaration made a part of this policy, signed by the President of the Company issuing the policy.

President



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